

the motions of the jaw, in such a manner between the teeth as to prevent mastication on that side. But the *sensation* has returned in the lip. This occurred soon after union had begun at the fracture near the symphysis, proving consequently, that the paralysis which had occasioned the loss of sensation was owing only to the pressure exerted by the displacement of bone, on the branch of the third division of the fifth pair of nerves, which emerges from the anterior mental foramen to be distributed on the lip. This man has returned to his old habits, and is frequently seen intoxicated about the streets, yet the bones of the face and the mucous membrane of the mouth continue perfectly healthy. Indeed the whole history of the case manifests a hardihood, and a strong disposition to the healthy reparation of injury in the osseous system which, I think, is quite remarkable.

PETERSBURG, March 22, 1842.

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ART. VII.—*Two Cases of Inversion of the Uterus.* By W. L. SUTTON, M. D., of Georgetown, Ky.

CASE I.—*Nov. 16th, 1823.*—I was desired to visit Mrs. S., who was said to be in labour. When I entered the room, the midwife observed there was something wrong. Upon making examination, the first thing which attracted my attention was a tumour, which from its size and firmness, I, for an instant, took to be the head of a child; and supposing the shoulders had engaged the pelvis unfavourably, I ran my finger up the neck to liberate them; when I found that this tumour was a part of the mother, and nothing less than the uterus inverted and expelled. I now first learned that the child had been born. The midwife assured me that she did not have a worse time than common; that the placenta came away in good time, and without difficulty; that the tumour followed it closely; and that not knowing what it was, she did not know whether to permit its exit or not. I endeavoured to replace it by grasping it between my hands, and after squeezing it for some time, pushing it in the direction of the outlet of the pelvis. But the tumour was so firm that little impression could be made upon it, and I was utterly unable to reduce it. Upon squeezing the uterus several blood-vessels spouted and bled for a short time. The patient had a ghastly aspect; lips bluish, pupils dilated, pulse very weak; yet the hemorrhage had not been considerable. She did not complain much; but I thought that was owing to her diminution of sensibility. Having become entirely satisfied that longer endeavours to replace the uterus would be fruitless, and must still hasten her dissolution, I desisted, and attempted to sustain her by stimuli small in quantity, and frequently repeated. In this also I failed. Her pulse soon disappeared, and she died in about three hours. This woman was said to be somewhat loose in her morals; had conceived three times, and miscarried once; at which time she was said to have had a prolapsus uteri.

CASE II.—*Oct. 19th, 1835.*—Mrs. H. in labour with her first child—the uterus being expelled with the child. I saw her perhaps in half an hour. The placenta was yet partially attached to the fundus uteri; the body of the uterus completely expelled the vulva; no hemorrhage, great sinking, lips and countenance livid, pulse scarcely perceptible—the uterus not firm as in case 1st. Sent off for Dr. Richardson—separated the placenta and returned, by moderate and continued pressure, the uterus into the pelvis. Dr. Richardson arriving some time afterwards, completed the reduction. She continued very weak and faint, and had frequent retching. This state was considerably alleviated by injections of starch and laudanum. In this case, the membranes gave way several hours before the child was born, the presentation natural, pains rather short and at considerable intervals. The body was not expelled by the same pain which expelled the head; but the uterus followed the body by the same pain; the cord was rather short.

*Evening.*—She has taken small doses of stimuli during the day; also a dose of ol. ricini, which vomited her. Complains of great soreness, pulse weak and very quick, lochia proper; has passed no urine, nor felt any disposition to do so.

*20th.*—3 o'clock, A. M. A great deal of pain in the uterine region—has passed no urine or feces, or feels any disposition to do so; pulse small, somewhat hard and very frequent, severe headache. Drew off about three pints of urine: bled to  $\text{̄viii}$ —cold water to head, ol. ricini  $\text{̄iii}$ . *Evening.*—Medicine operated well: dejections said to be proper, pulse still frequent (about 150,) headache undiminished, no abdominal pain, lochia have been rather profuse, but at present proper. Sinapisms which have been applied to the head, having failed to give relief, a blister was applied to the back of the neck; laudanum gtt. x. to restrain the operation of the oil; discharge of urine natural.

*21st.*—Head still aches; pulse 132; bowels freely open; urine plenty; lochia proper; no milk. Blister drew well without materially relieving the head.

*22d.*—Head still aches, skin pleasant; pulse 132; no milk; lochia offensive and pale. R. Draw the breasts, and wash the vulva and vagina with chamomile tea.

*23d.*—Head somewhat relieved; skin pleasant; pulse 132; some appetite; no milk; urine scant; lochia offensive; bowels have not been moved for 36 hours: a little tenderness in the uterine region. R. Injection of chamomile tea into the uterus and vagina: Seidlitz powders to keep the bowels regular.

*25th.*—The head has nearly ceased to ache, but feels very sore. The injections into the uterus appear to have benefited her much. No fœtor attends the lochia: feels comfortable; skin natural; bowels in good order; no milk, but some soreness of the breasts. From this time she continued to improve, but her health remained delicate for some time. She never had any secretion of milk. In the management of this case I had the benefit of Dr. Richardson's advice, who saw her twice with me after the reduction was effected.